



**Missouri Technology Student Association, Inc.**  
**Application for an Official Charter\***

**Instructions:**

Send one (1) original, one (1) copy of this application with one (1) copy of your chapter bylaws and a \$20 processing fee to your Missouri TSA State Advisor. Please attach a copy of your approved roster with this application.

**Doug Miller**  
**Missouri TSA State Advisor**  
**Missouri Department of Elementary and Secondary Education**  
**PO Box 480**  
**Jefferson City, MO 65102-0480**

The \_\_\_\_\_ Technology Student Association Chapter hereby applies for the Official Charter of the **Missouri Technology Student Association, Inc.**

We certify that students supporting this charter are enrolled in a Technology Education course or program meeting the requirements of the Missouri State Plan for Career and Technical Education. It is requested that an Official Charter Certificate evidencing our chapter affiliation be issued to the above-named school. As required by the Missouri Technology Student Association, Inc., we hereby submit a copy of our bylaws.

_____	_____
Print Chapter Advisor Name	Print School Administrator Name
_____	_____
Signature	Signature
_____	_____
School Name	Address
_____	_____
Address	City State Zip
_____	_____
City State Zip	Date submitted

\*Submission of the application represents an official request by the local Board of Education for educational services to be provided by the State Board of Education in cooperation with the Missouri Technology Student Association, Inc.

<b>FOR STATE USE ONLY</b>
Received: _____
Approved: _____
Board Member
Date: _____
Copy Return Date: _____
Processing Fee Paid \$ _____